## PATENT APPLICATION

Application or Docket Number

| ION FEE DETERMINATION RECORD | 1 |          |   |
|------------------------------|---|----------|---|
| ective October 1, 2003       | ŀ | 10788635 |   |
|                              |   |          | _ |

| (Column 1) (Column 2)   |  |   |                                   |                                      |                       |                                  |            | SMALL E<br>TYPE [  | NTITY                  | OR        | OTHER<br>SMALL      |                        |
|---|--|---|-----------------------------------|--------------------------------------|-----------------------|----------------------------------|------------|--------------------|------------------------|-----------|---------------------|------------------------|
| TOTAL CLAIMS  |  |   | 28                                |                                      | 100.0                 | 7.027                            |            | RATE               | FEE                    | 7         | RATE                |                        |
| EOP .   |  |   |                                   |                                      | A11 13 45             | SED EVIDA                        |            | BASIC FEI          | ┪───                   | $\exists$ |                     | FEE                    |
| FOR   |  |   | NUMBER FILED                      |                                      |                       | BER EXTRA                        |            | BASIC FEI          | 385.00                 | OR        | BASIC FEE           | 770.00                 |
| TOTAL CHARGEABLE CLAIMS   |  |   | minus 20= *                       |                                      |                       | 5                                |            | X\$ 9=             |                        | OR        | X\$18=              | 90-                    |
| INDEPENDENT CLAIMS  |  |   | minus 3 = ( )                     |                                      |                       |                                  | X43=       | ·                  | OR                     | X86=      |                     |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT  |  |   |                                   |                                      |                       |                                  |            | +145=              |                        | OR        | +290=               |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2              |  |   |                                   |                                      |                       |                                  |            | TOTAL              | <u> </u>               | OR        | TOTAL               | 860-                   |
| CLAIMS AS AMENDED - PART II   |  |   |                                   |                                      |                       |                                  |            |                    | <u> </u>               |           | OTHER               | THAN                   |
|   | (Column 1) (Column 2) (Column 3)               |   |                                   |                                      |                       |                                  |            | SMALL              | ENTITY                 | OR        | SMALL               |                        |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                         |                                   | HIGHE<br>NUME<br>PREVIO<br>PAID F    | BER<br>USLY           | PRESENT<br>EXTRA                 |            | RATE               | ADDI-<br>TIONAL<br>FEE |           | RATE                | ADDI-<br>TIONAL<br>FEE |
| NON   | Total  | *   | Minus                             | **                                   |                       | =                                |            | · X\$ 9=           |                        | OR        | X\$18=              |                        |
| AME   | Independent                                    | *   | Minus                             | ***                                  | CI 4114               | =                                |            | X43=               |                        | OR        | X86=                |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |  |   |                                   |                                      |                       |                                  |            | +145=              |                        | OR        | +290=               |                        |
|   |  |   |                                   |                                      |                       |                                  | L          | TOTAL<br>DDIT. FEE | · · · · · ·            | OR        | TOTAL<br>ADDIT. FEE |                        |
|   |  | (Column 1)  |                                   | (Colum                               | ın 2)                 | (Column 3)                       | ſ          | DDII. I EE I       |                        |           | ADDII. I EE         |                        |
| ENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                         |                                   | HIGHE<br>NUMB<br>PREVIOU<br>PAID F   | ER<br>USLY            | PRESENT<br>EXTRA                 |            | RATE               | ADDI-<br>TIONAL<br>FEE |           | RATE                | ADDI-<br>TIONAL<br>FEE |
| <b>AMENDMENT</b>  | Total  | *   | Minus                             | **                                   |                       |                                  |            | X\$ 9=             |                        | OR        | X\$18=              | ,                      |
| ME  | Independent                                    | *   | Minus                             | ***                                  |                       | =                                |            | X43=               |                        | 1 1       | X86=                |                        |
| 9   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                   |                                      |                       |                                  | <b> </b> - |                    |                        | OR        | 7.00-               |                        |
|   |  |   |                                   |                                      |                       |                                  | L          | +145=              |                        | OR        | +290=               | •                      |
|   |  |   |                                   |                                      |                       |                                  | A          | TOTAL<br>DDIT. FEE |                        | OR        | TOTAL<br>ADDIT. FEE |                        |
|   |  | (Column 1)  |                                   | (Colum                               |                       | (Column 3)                       |            | ٠.                 |                        |           |                     |                        |
| AMENDMENT C   | `  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                         | ·                                 | HIGHE<br>NUMBI<br>PREVIOL<br>PAID FO | ER<br>JSLY            | PRESENT<br>EXTRA                 |            | RATE               | ADDI-<br>TIONAL<br>FEE |           | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus                             | **                                   |                       | =                                | F          | X\$ 9=             |                        | OR        | X\$18=              |                        |
| <b>ME</b> [   | Independent                                    |   | Minus                             | ***                                  |                       | =                                |            | X43=               |                        |           | X86=                |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                   |                                      |                       |                                  | -          |                    |                        | OR        |                     |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |  |   |                                   |                                      |                       |                                  |            |                    |                        | OR        | +290=               |                        |
| ***   | the "Highest Nur<br>f the "Highest Nur         | nber Previously Pai<br>nber Previously Pai<br>ber Previously Paid | d For" IN THIS<br>id For" IN THIS | SPACE is I                           | ess than<br>less than | 20, enter "20."<br>3. enter "3." |            | TOTAL<br>DDIT. FEE | ropriate box           |           | TOTAL DOIT. FEE     |                        |